

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING DIVISION OF LICENSING AND PROTECTION

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

October 16, 2018

Teresa Hemingway, Manager Bradford Oasis 92 Cottage Street Bradford, VT 05033-8897

Dear Ms. Hemingway:

The Division of Licensing and Protection completed a complaint investigation at your facility on July 12, 2018. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely.

Pamela Cota, RN Licensing Chief

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FORM APPROVED Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING 0618 07/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 92 COTTAGE STREET **BRADFORD OASIS** BRADFORD, VT 05033 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 7/12/18. There were no regulatory findings.

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE